



Cereplast™

3411-3433 W. El Segundo Blvd., Hawthorne, CA 90250 / Tel. (310) 676-5000 / Fax (310) 676-5003 www.cereplast.com

CREDIT APPLICATION

Please fill out the information below and return it as soon as possible in order for us to have complete and accurate information in your file. Thank you for taking the time to help us serve you better.

CUSTOMER INFORMATION

Company (& d/b/a): _____

Bill to add.: _____

Ship to add.: _____

Phone No: _____ Fax No.: _____ Mobile No: _____

Purchaser: _____ Email: _____ Tel: _____ X: _____

Acctg.: _____ Email: _____ Tel: _____ X: _____

Rcvg./Returns: _____ Email: _____ Tel: _____ X: _____

Tax Status: Taxable Resale Gov't Other Tax ID # (pls. incl. letters) _____

(If your tax status is other than taxable, please include a tax exempt form.)

BANK REFERENCE

Complete the attached Authorized Bank Release Form and return with application.

CREDIT REFERENCES

1) Company: _____ Contact _____
Address: _____ Phone #: _____
Comments: _____

2) Company: _____ Contact: _____
Address: _____ Phone #: _____
Comments: _____

3) Company: _____ Contact _____
Address: _____ Phone #: _____
Comments: _____

** If possible, please provide five or six references.

PRODUCT INTEREST

Please select the products you intend to purchase:

_____ Resin _____ Finished Product

TERMS OF SALE

All on-account purchases are due before 30 days after receipt of goods after which purchases will be subject to a late fee on the 31st day after purchase at a rate of 1.5% per month (or a minimum charge of 50 cents for balances under \$30.00) which is an annual percentage rate of 18% applied to the previous statement balance after deducting current payments and/or credits. Collection costs, collection fees, court fees; including reasonable attorney fees, shall be paid by the purchaser in the event that an outside collector or legal action is engaged. All freight costs unless previously agreed upon by both parties are the responsibility of the purchaser. At the time of purchase, we will assume the freight charges and add warehouse and handling charge of 20% added to your total.

AUTHORIZING STATEMENT

The undersigned:

- 1) Certifies that all information provided is true and correct
- 2) Agrees to abide by the terms of sale specified above
- 3) Understands a company Purchase Order with a PO# is required for ALL ORDERS.
- 4) Please allow 30 days for processing of all credit application.

Name: _____ Signature: _____ Date: _____

Dept.: _____ Supervisor: _____



CereplastTM

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AUTHORIZED BANK RELEASE FORM

To: _____
Name and address of Bank

Phone _____ Fax _____ Contact Person _____

Regarding:

Company Name _____

Address _____

Account Number _____

Phone () _____ Fax () _____

I authorize release of the following information to CEREPLAST, INC located at 3411 W. El Segundo Blvd., Hawthorne, CA 90250 310-676-5000.

Signature

Date

Print Name

Title

FOR BANK TO COMPLETE ONLY

1. Daily Average Balance** _____

2. Opening Date of Account** _____

Signature of Bank Representative

Date

Title

Phone Number

This information will be used for the sole purpose of a credit limit assessment and all information is confidential